UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

Siemens Medical Solutions USA., Inc.,	Case No.: 6:23-cv-01882		
Plaintiff(s),			
v.	MOTION FOR LEAVE TO APPEAR PRO HAC VICE		
WS Acquisition, LLC dba Western Shelter Systems			
Defendant(s).			
Attorney Anuj Vohra	requests special admission pro hac		
vice to the Bar of the United States District Court	for the District of Oregon in the above-		
captioned case for the purposes of representing the	e following party (or parties):		
Siemens Medical Solutions USA, Inc.,			
T (CA) I'	1\T .' 1 .' 1 .'		

In support of this application, I certify that: 1) I am an active member in good standing with the <u>District of Columbia</u> State Bar; and 2) that I have read and am familiar with the Federal Rules of Evidence, the Federal Rules of Civil and Criminal Procedure, the Local Rules of this Court, and this Court's Statement of Professionalism.

I understand that my admission to the Bar of the United States District Court for the District of Oregon is solely for the purpose of litigating in the above matter and will be terminated upon the conclusion of the matter.

(1) **PERSONAL DATA:**

Name: Vohra,	Anuj				
(Last No	ame) (First	Name)	(MI)	(Suffix)	
Agency/firm affiliation: Crowell & Moring LLP					
Mailing address	s: _1001 Pennsylvania Ave	e NW			
City: Washingto	n	State: DC	Zip:	20004	
Phone number:	(202) 624-2500	Fax number:	(202) 628-	5116	
Business e-mai	il address: avohra@crowe	ell.com			

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(2)	BAR ADMISSION INFORMATION:			
	(a)	State bar admission(s), date(s) of admission, and bar number(s): District of Columbia, 2006, 501990		
		Illinois (Inactive), 2003, 6279980		
	(b)	Other federal court admission(s) and date(s) of admission: U.S., N.D. III., Fed. Cir., Vet. App., Fed. Cl. (2006)		
(3)	CERT	IFICATION OF DISCIPLINARY ACTIONS:		
V		ot now, nor have I ever been, subject to any disciplinary action by any r federal bar association or subject to judicial sanctions.		
	I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)			
(4)	Pursuar respons require and tha	IFICATION OF PROFESSIONAL LIABILITY INSURANCE: nt to LR 83-3, I have professional liability insurance, or financial sibility equivalent to liability insurance, that meets the insurance ments of the Oregon State Bar for attorneys practicing in this District, it will apply and remain in force for the duration of the case, including peal proceedings.		
(5)	CM/ECF REGISTRATION: I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.			
Certification of Attorney Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the requirements of LR 83-3, and I certify that the above information is true and correct.				
DATED	: Janua	ary 24, 2024		
		7		
		s/Anuj Vohra		
		(Signature)		

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REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for pro hac vice admission to associate with local counsel, unless requesting a waiver of the requirement under LR 45-1.

To request a waiver of the requirement to assist following box:	sociate with loc	eal counsel unde	er LR 45-1, check the
I seek admission for the limited purpo Court did not issue. Pursuant to LR a requirement to associate with local co from local counsel with this application	45-1(b), I reque ounsel and ther	est a waiver of t	he LR 83-3(a)(1)
To associate with local counsel, provide the obtain the signature of local counsel.	following infor	mation about lo	ocal counsel, and
Name: Piper, Edward A.			
(Last Name)	(First Name)		(MI) (Suffix)
OSB number: <u>141609</u>			
Agency/firm affiliation: Angeli Law Group			
Mailing address: 121 S.W. Morrison Street, S	uite 400		
City: Portland	_State: Oregon	Zip:	97204
Phone number: (503) 954-2232	_Fax number:	(503) 227-0880	
Business e-mail address: ed@angelilaw.com			
CERTIFICATION OF ASSOCIATE LO	CAL COUNSI	EL:	
I certify that I am a member in good standing understand the requirements of LR 83-3, and number 6:23-cv-01882			
DATED: January 24, 2024			
	(Signature of L	ocal Counsel)	

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